

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011270 AT

**DOCUMENT # A20685**



1. Entity Name  
**D & C - PORT ST. LUCIE LTD.**

**FILED**

**03 MAR 18 PM 12:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**C/O HALLIDAY GROUP REALTY MANAGEMENT, INC.  
1100 SOUTHEAST THIRD AVENUE, SECOND FLOOR  
FORT LAUDERDALE FL 33316-1110**

Mailing Address  
**C/O HALLIDAY GROUP REALTY MANAGEMENT, INC.  
1100 SOUTHEAST THIRD AVENUE, SECOND FLOOR  
FORT LAUDERDALE FL 33316-1110**

2. Principal Place of Business  
**C/o Halliday Group Realty  
Management, Inc.**

3. Mailing Address  
**C/o Halliday Group Realty  
Management, Inc.**

Suite, Apt. #, etc.  
**1800 SE Tenth Ave., #300**

Suite, Apt. #, etc.  
**1800 SE Tenth Ave., #300**

**DUE BY MAY 1, 2003**

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

4. FEI Number **59-2581257**

Applied For  
Not Applicable

Zip Country  
**33316 USA**

Zip Country  
**33316 USA**

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DWORS, ROBERT F  
1 SOUTH VICTORIA PARK ROAD  
FT. LAUDERDALE FL 33301**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,195,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>DWORS, ROBERT F. 1 SOUTH VICTORIA PARK ROAD FORT LAUDERDALE FL 33301</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>300014313183 03/18/03--01028--008 **535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Robert F. Dwors* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2-14-03* (954) 767-0700  
Date Daytime Phone #

CFR2E003 (10/02)